



CITY OF BURLINGTON APPLICATION FOR EMPLOYMENT

For assistance in completing the application form please
contact Brittany Johnson in Human Resources
at (360) 755-0535

Position Applied for: _____

Date of Application: _____

FIRST NAME	M. INIT.	LAST NAME	
STREET ADDRESS		CITY	STATE
		ZIP	
PHONE (HOME)		PHONE (WORK)	
Are you now or have you ever been employed by the City of Burlington? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, department _____ Date(s) _____	

- Are you known to schools / references by another name? ☐ No ☐ Yes Name: _____
- Are you able to work? ☐ Part-time shifts ☐ On-Call
- Do you have relative(s) employed by City of Burlington: ☐ No ☐ Yes If yes, Name(s) _____

- Do you possess a valid WA state driver's license? ☐ No ☐ Yes Driver's License Number: _____
- Have you ever been convicted of a felony or served time in prison? ☐ No ☐ Yes
- After reviewing the essential functions from the job announcement, are you able to perform them with or without reasonable accommodation? ☐ No ☐ Yes If testing is required, will you need an accommodation for the testing process? ☐ No ☐ Yes

EDUCATION						
Name of High School Attended		City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		G.E.D <input type="checkbox"/> Yes <input type="checkbox"/> No
				Dates Attended	Full Years Completed	Degrees
College-Names of Colleges or Universities	Major	From	To			Title Dates

Do you possess any of the following?

<input type="checkbox"/> Fire Science Degree or equal	<input type="checkbox"/> IFSAC Firefighter 1	<input type="checkbox"/> Washington State EMT / FR
<input type="checkbox"/> Commercial Drivers License	<input type="checkbox"/> EVAP / EVIP Certified	<input type="checkbox"/> Hazmat Operations

List other training, certificates, licenses which would be useful in the position you are applying for:



Burlington Fire Department

Consent to Release Information and Release from Liability

To Whom It May Concern:

I am an applicant for the position of Part-time Firefighter with the Burlington Fire Department. I understand that the position I am applying for requires me to operate privately owned vehicles, City owned vehicles, and Burlington Fire Department apparatus in the performance of assigned duties and tasks. Moreover, I understand the position I am applying for is that of protecting and serving the public and one which requires personal attributes of trustworthiness and confidentiality.

I, therefore, consent to the release of any and all information, both public and private, concerning my driving record, criminal history, and background. I request your cooperation in supplying this information to the Burlington Fire Department, in response to any written request from the Burlington Fire Department.

I hereby agree to release you and those who may supply you with information of this kind, your company and/or organization, and the City of Burlington, its employees and agents, and the Burlington Fire Department, from any liability and for any damages which may result from furnishing this information.

Applicant Signature

Date

Applicant Name (Printed)

Witness Signature

Date

Witness Name (Printed)



Applicants for employment or volunteer positions
Police Waiver and Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the City of Burlington with any and all information you have concerning me, my work record, my reputation, my medical records, my financial status, and my military service record. Information of confidential or privileged nature may be included. Your reply will be used to assist the City of Burlington in determining my qualifications and fitness for the position I am seeking with the City of Burlington.

I understand my rights under Title 5, United States Code, Section 552a, Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by the City of Burlington in conjunction with employee procedures.

I hereby release you, your organization, and others, from any liability or damage which may result from furnishing the information requested.

I authorize the City of Burlington and/or the Washington State Patrol through the W.A.T.C.H. program to provide the City with Criminal History Information and I understand that this information will not be released to any unauthorized persons pursuant to RCW 10.97, Washington State Criminal Records Privacy Act.

Applicant's Signature

Date

(Please print)

Applicant's

Last Name

First

Middle

Date of Birth:

Sex:

Alias:

Driver's License #:

State:

Request: Criminal History Check pertaining to employment with the City of Burlington

Requested by: _____

Name of Department Head / Supervisor (please print)

Department: _____

I understand that the criminal history information provided by the Washington State Patrol criminal history record information through the Washington Access to Criminal History (W.A.T.C.H.) will not be released to any unauthorized persons pursuant to RCW 10.97, Washington State Criminal Records Privacy Act.

Department Head/ Supervisor Signature

Date

FOR OFFICE USE ONLY:

Date WATCH request submitted:

Submitted to WATCH by:

Results:

Note: A photo reproduction of this request shall be for all intents and purposes as valid as the original.



Driving Record Request

Use this form to request a **driving record**. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and **\$13 for each record requested** in a check or money order payable to the Department of Licensing to:


Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907

For validation only

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor information

PRINT or TYPE Requestor name		(Area code) Daytime telephone number
Name of individual or company where you want the drive record(s) sent		
How would you like the driving record(s) sent to you? (Choose one) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		Delivery information (Email, [Area code] Fax number, or mailing address)
<p>*You may select U.S. mail only if you are requesting one driver record.</p> <p><i>I certify under penalty of perjury I am entitled by federal or state laws to obtain an abstract of the driver record of the individual(s) requested. RCW 46.52.130, 18 USC Chapter 123</i></p> <p><i>You may either sign or type your name. By typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individuals requested. RCW 46.52.130, 18 USC Chapter 123</i></p>		
Date and place signed	 Signature	

Drive record(s) requested

PRINT or TYPE Name (Last, First, Middle initial)	Washington driver license number	Date of birth (mm/dd/yyyy)
Type of record requested (Select all that apply) Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records: <input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies. <input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies. <input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies. <input type="checkbox"/> Employment record —Used by employers to determine employment eligibility. <input type="checkbox"/> Volunteer/Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled. <input type="checkbox"/> School bus driver record —Used to determine if a person should be employed to operate a school bus. Bill and mail this request to school district _____ School district authorization _____ Requestor code _____ <input checked="" type="checkbox"/> Complete record —A complete driving record of the person named on the driving record.		

If requesting additional records, attach separate sheets using the same format as above. Submit \$13 for each record requested.
 Note: We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.